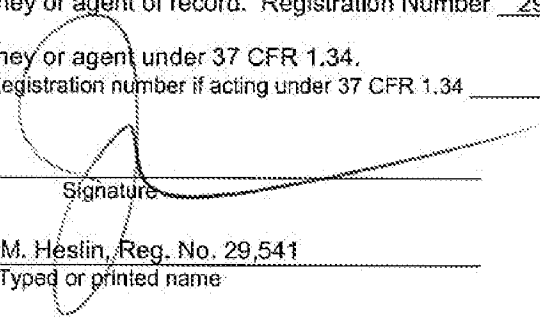


|                                                                                                                                                                                                                                       |            |                                           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------|----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                                                     |            | Docket Number (Optional) 025925-000200US  |          |
| Application Number 10/668,901                                                                                                                                                                                                         |            | Filed September 22, 2003                  |          |
| For STENT-GRAFT WITH POSITIONING ANCHOR                                                                                                                                                                                               |            |                                           |          |
| Art Unit 3738                                                                                                                                                                                                                         |            | Examiner PELLEGRINO, BRIAN E              |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.                                                                                                |            |                                           |          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):                                                                                                                       |            |                                           |          |
|                                                                                                                                                                                                                                       | <u>Fee</u> | <u>Small Entity Fee</u>                   |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                | \$120      | \$60                                      | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                               | \$450      | \$225                                     | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                  | \$1020     | \$510                                     | \$ 510   |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                              | \$1590     | \$795                                     | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                              | \$2160     | \$1080                                    | \$ _____ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                            |            |                                           |          |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.                                                                                                                                                                |            |                                           |          |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                           |            |                                           |          |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                 |            |                                           |          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> . I have enclosed a duplicate copy of this sheet. |            |                                           |          |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>                                               |            |                                           |          |
| I am the <input type="checkbox"/> applicant/inventor.                                                                                                                                                                                 |            |                                           |          |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).                                                                                  |            |                                           |          |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>29,541</u>                                                                                                                                    |            |                                           |          |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____                                                                                                                |            |                                           |          |
| <br>_____<br>Signature                                                                                                                            |            | October 4, 2006<br>_____<br>Date          |          |
| James M. Heslin, Reg. No. 29,541<br>_____<br>Typed or printed name                                                                                                                                                                    |            | 650.326.2400<br>_____<br>Telephone Number |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                 |            |                                           |          |
| <input type="checkbox"/> Total of _____ forms are submitted.                                                                                                                                                                          |            |                                           |          |